Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)205-8842 : (850)878-5368 Phone Phone Fax Number **Enter the email address for this business entity to be used for buture annual report mailings. Enter only one email address please. Email Address: Foreign Limited Liability Company SCG ATLAS WINSTON, L.L.C. Certificate of Status Certified Copy Page Count 04 \$155.00 Estimated Charge

JAN 13 2016

S. YOUNG

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COVER LETTER

	istration Section ision of Corporatio	ns						
SUBJECT:	SCG Atlas Winston							
SUBJECT.			Limited Liability	Company				
The enclosed Existence, an	l "Application by Fo d check are submitte	reign Limited Liability Com ed to register the above refer	puny for Authoriz enced foreign timi	ation to Traited liability	ansact Business in Flo y company to transact	rida," Cer business i	tificate in Flori	of ida
Please return	all correspondence	concerning this matter to the	following:					
	Tara Andersor	1						
	· 	N	ame of Person					
	Neal Gerber &	Eisenberg LLP						
		I ^r	irm/Company					
	2 N. LaSalle S	treet, Ste 1700						
	. == , ., ,,		Address					
	Chicago, IL 60	602						
		City/S	tate and Zip Code	;				
	tanderson@ngel							
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For further in	formation concernin	g this matter, please call:					NAC	T
Tara Auderson		312 at (269-84	64		12		
	Name (of Contact Person	Area Code	Day	time Telephone Num	ber	E	ندر
Divi Regi P.O.	MAING ADDRESS: sion of Corporations istration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exe	TADDRESS: of Corporations ion Section wilding centive Center Circle see, FL 32301		9. 32	
	check for the follow 125,00 Filing Fee	ing amount: \$\Boxed{\Omega} \$130.00 \text{ Fiting Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy	_	□ \$160,00 Filing F of Status & Certifie		catc	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, PLOKIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY CYMPANYTYY PARSACTER ISINESS IN THE STATUTES OF ORIDA.

SCG Atlas Winston, L.	L.C.			
(Name of Force	rign Limited Liability Company; must	include "Limited Liab	oility Company,""L.L.C.," or	"LLC.")
iability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")	of transacting business	s in Florida. The alternate nan	ne mast include "Limited
Delaware		3		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	,
upon qualification	45	1. m. 11. 10. 1		_
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, it prior to 1905, F.S. to determine	registration.) penalty liability)	
Two North Riverside I	Plaza, Suite 400			-
Chicago, IL 60606	(d			-
True Meetle Dieseside D	(Street Address of Pr	rincipal Office)		
Two North Riverside P	iaza, Suite 400			-
Chicago, IL 60606				₹43 क
	(Mailing A	ddress)		
. Name and street addres	s of Florida registered agent: (P.C	D. Box NOT accept	able)	
Name:	C T Corporation System		_	8 7 Fi
Office Address:	1200 South Pine Island Road		-	
	Plantation		, Florida <u>33324</u>	_ 6
Registered agent's accept	(City)		(Zip code)	宣言 3
esignated in this applica complywith the provision coupt the obligations of r	gistered agent and to accept servi tion, I hereby accept the appointn ons of all statutes relative to the p my position as registered agent. CT Corporation Sy. By:	nent as registered ag proper and complete	gent and agree to act in th	is capacity. I further agr s, and I am familiar with Alpin
	(Register	red agant's signature)	0	, ,
3. The name, title or capa	ncity and address of the person(s)	who has/have author	ity to manage is/are;	
ERP Operating Limited P.	artnership , Member			
Two North Riverside Plaz	ra, Suite 400			
Chicago, IL 60606				
. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 day of which it is organized. (If the cer abmitted)	es old, duly authentic ptificate is in a forcig	rated by the official having an language, a translation o	custody of records in the f the certificate under oat
	land a	Mar	م ں	
	Carol L. Signature of	of an authorized person	, , ,	···
his document is executed abmitted in a document to	in accordance with section 605.02 the Department of State constitut	203 (1) (b), Florida S es a third degree felo	Statutes, I am aware that an ony as provided for in s.817	y false information
	Caroline Hammond, Authorized		-	
		rinted name of signee		

ERP Operating Limited Partnership

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS WINSTON, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5915047 8300

SR# 20160168658 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201656621

Date: 01-12-16